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Atty Docket No. 015114-066100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Aurangzeb Hassan

Group Art Unit 2182

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EXAMINER Aurangzeb Hassan

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I hereby certify that the following documents in re Application of Desmond Ambrose, Application No. 10/669,012, filed October 31, 2003 for FRAMING AND WORD ALIGNMENT FOR PARTIALLY RECONFIGURABLE PROGRAMMABLE CIRCUITS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. PTO/SB/21 - Transmittal Form (1 page)
2. Petition to Extend Time (1 page submitted in duplicate)
3. Amendment (9 pages)

Number of pages being transmitted, including this page: 13

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Lata Olivier

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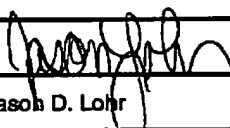
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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	699 MF 10/689,012
	Filing Date	October 31, 2003
	First Named Inventor	Ambrose, Desmond
	Art Unit	2182
	Examiner Name	Aurangzeb Hassan
	Attorney Docket Number	015114-066100US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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